

B6F (Official Form 6F) (12/07)

In re **Richard Joseph Eaton,
Bri Anna Eaton**Case No. **12-28837**

Debtors

**AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx68 21 Bonneville Collections PO Box 150621 Ogden, UT 84415		J	Medical				346.00
Account No. xxxx1801 CITI P.O. Box 6241 Sioux Falls, SD 57117		J	2/2008 Credit Card				6,985.00
Account No. xxxxxxxx8956 Discover Financial Services PO Box 15316 Wilmington, DE 19850		J	Credit Card				6,633.00
Account No. xxxxxxxx0200 Elan Financial Services PO Box 790084 Saint Louis, MO 63179		J	Credit Card				16,792.00
Subtotal (Total of this page)							30,756.00

4 continuation sheets attached

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 6219		J	Collection				127.00
Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256							
Account No. xxxxxxxx1513		J	5/2012 Credit Card				1,210.00
GE Capital/JC Penny PO Box 965007 Orlando, FL 32896							
Account No. xxxxxxxx0804		J	Revolving Debt				6,615.00
HSBC/ Furniture Row PO Box 5253 Carol Stream, IL 60197							
Account No. xxxx4967		J	Credit				311.00
IC Systems PO Box 64378 Saint Paul, MN 55164							
Account No. xxxx6749		J	11/2009 Collection				310.00
IHC Health Services 3930 W. Parkway Blvd Salt Lake City, UT 84130							
Sheet no. 1 of 4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							8,573.00

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxxxxxx9480	J	2004 Collection				1,072.00
Kohls/Chase N 56 W 1700 Ridewod Dr. Menomonee Falls, WI 53051						
Account No. P328	J	2005 Charge Account				902.00
Living Scriptures 3625 Harrison Blvd Ogden, UT 84403						
Account No. xxx6124	J	Revolving				500.00
Mountain America 180 E. 100 S. Salt Lake City, UT 84139						
Account No. xxx6124	J	Credit Card				2,515.00
Mountain America Credit Union PO Box 9001 West Jordan, UT 84084						
Account No. xxxxxx0143	J	3/2011 Collection				50.00
MountainLand Collection PO Box 1280 American Fork, UT 84003						
Sheet no. <u>2</u> of <u>4</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						5,039.00
Subtotal (Total of this page)						5,039.00

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxx0149 Outsource Recievables 372 24th Street, Ste #300 Ogden, UT 84401	J	2010 Collection				119.00
Account No. Southern Utah Dental 111 E. 100 S. Saint George, UT 84770	J	Services				380.70
Account No. xxxxxxxxxxxx8834, xxxx3859 Sunrise Credit Services Inc PO Box 9100 Farmingdale, NY 11735	J	Collections				6,615.00
Account No. xxxxxxx6560 Universal Card/Citi Bank PO Box 6241 Sioux Falls, SD 57117	J	3/2004 Credit Card				12,503.00
Account No. xxxx1303 UNVL/Citi PO Box 6241 Sioux Falls, SD 57117	J	3/2009 Revolving				12,503.00
Sheet no. 3 of 4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						32,120.70

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Credit				22,000.00
US Bank PO Box 1800 Saint Paul, MN 55101		J					
Account No.							
Account No.							
Account No.							
Account No.							

Sheet no. **4** of **4** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

22,000.00

Total
(Report on Summary of Schedules)

98,488.70